# County of Allegheny

**HUMAN RELATIONS COMMISSION**  
**920 CITY-COUNTY BUILDING**  
**414 GRANT STREET**  
**PITTSBURGH, PENNSYLVANIA 15219**  
**PHONE (412) 350-6830 ✦ FAX (412) 350-5230**

**EMPLOYMENT INTAKE FORM**

<table>
<thead>
<tr>
<th>COMPLAINANT INFORMATION</th>
<th>RESPONDENT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
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</tbody>
</table>

**Assigned Sex at Birth:**  

**Race:**  

**Current Gender Identity:**  

**Type of business:**

**Disability:**

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<th>YES</th>
<th>NO</th>
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**Owner or CEO:**

**Please describe:**

**Approximate # of employees:**

---

*For age discrimination complaints ONLY*
Date of birth: ______________________
OTHER AGENCIES

Has the Complainant filed with the PHRC? □ YES □ NO

Has the Complainant filed with EEOC? □ YES □ NO

Has the Complainant filed with PghCHR □ YES □ NO

With other agencies? Be specific ____________________________________________

SETTLEMENT INFORMATION

What is the Complainant present rate (please circle appropriately)

$__________ per hour / week / bi-weekly/ month / annual

What relief is the Complainant seeking (it must be related this issue): ________________________________

________________________________________________________________________

________________________________________________________________________

What is the minimum that the Complainant is willing to accept (it must be related to this issue)?

________________________________________________________________________

________________________________________________________________________

Does the Complainant still want the job in question? □ YES □ NO

Is the Complainant currently employed? □ YES □ NO

Start date: ______________ Where? ______________ Rate: ____________________

Is the Complainant receiving unemployment benefits? □ YES □ NO

Weekly rate of unemployment benefits: $ ____________________
GENERAL INTAKE QUESTIONS
(Employment)
(Applicable questions are to be answered by the Complainant to the best of his/her ability and recorded below. Complainant may use additional paper if needed)

1. **Discrimination means difference of treatment.** Please explain what happened to you and why you feel you were treated differently or less favorably than those in a different class.

   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________

2. What position did you hold or were you seeking with the organization identified in the complaint.

   ____________________________________________________
   ____________________________________________________

3. Provide your reasons for your belief that the action taken against you was discrimination on the bases you stated earlier.

   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
4. What reason was given to you for the action taken against you or for the treatment you received that you are complaining about?

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

5. Are the reasons for the action taken against you by the organization accurate?

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

6. Describe the organization's policy or usual practice(s) that govern the actions being complained about. (How has the Respondent done things in the past?)

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

7. Has anyone else been treated as you were under similar circumstances? Please list them and identify by protected class (sex, religion, disability, etc.). What happened to him or her?
8. Name other people who have been treated differently or more favorably under similar circumstances. Please list them and identify their protected class (sex, religion, disability, etc.). What happened to him or her?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

9. Where the organization gave a reason for any action taken against you, can you name any employee who did the same thing or something worse who was not treated the same as you? What happened to him or her?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
10. What date did the harm happen? Is the harm continuing?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

CLASS IDENTIFICATION AND STATISTICS

1. How did the Respondent know your bases (race, age, sex, religion, disability, etc.)?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. How many people in your department? Bases?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. How many people with your job title? Name, Bases?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
4. Who is your immediate supervisor? Bases ________________________________

5. Who are your supervisor's supervisors? Who else does your supervisor supervise? Bases?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

PERFORMANCE

1. Describe your job. What is your job description?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. Who did your last job evaluation?

________________________________________________________________________

• What is their name?
• What is their position?

• Bases (race, age, sex, religion etc.):

3. What were the results of your evaluation?

4. Were you on probation?  YES  NO

5. Did your supervisor comment (or provide feedback) on your performance?  YES  NO

• If yes, what were the comments/feedback:

TERMINATION OR DISCIPLINE
1. Have you been disciplined or terminated?  
   - YES  
   - NO
   - For what?
   - By whom?
   - Bases (sex, age, race, etc.):

2. Were you on probation?  
   - YES  
   - NO

3. Did your supervisor comment (or provide feedback) on your performance?  
   - YES  
   - NO
   - If yes, what were the comments/feedback:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

DIRECT EVIDENCE

1. Did any agent of the Respondent say or do things to indicate a bias against you or members of your protected class in the work place?
2. What was said or done? When? Any witnesses? ______________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

3. Did you or anybody else report these statements or actions to management? Who? Bases? When?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

4. What was done? ______________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
ADDITIONAL QUESTIONS

1. Is there anything else you wish to add?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Has there been any retaliation for opposing discriminatory practices?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Do you have any documents to submit?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
### WITNESS INFORMATION

*(Complainant should fill out a separate form for each witness.)*

For each witness please provide the following information:

1. **Name / Title / Relationship to you / Contact information**
   
   ________________________________
   
   ________________________________
   
   ________________________________
   
   ________________________________

2. **What was the individual a witness to?**
   
   ________________________________
   
   ________________________________
   
   ________________________________
   
   ________________________________

3. **Was this person in a position to personally observe what occurred?**

   | YES | NO | DON’T KNOW |

4. **Would this person be able to provide the Commission with a statement?**

   | YES | NO | DON’T KNOW |

5. **Is this witness a current employee/agent/tenant of the organization against which the charge is file?**

   | YES | NO |